

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

hassach	usells		
Fill in F	Reporting Period dates: Beginning Date: Janu	uary 1, 2017	File with: City of the OCTIPING DEPLOY Commiss NORTHAMPTON, MA 01060 October 20, 2017
Type of	Report: (Check one)		
1	ay preceding preliminary  8th day preceding election	☐ 30 day	ay after election year-end report dissolution
Alian Klair		7 [	
Alisa Kleir	Candidate Full Name (if applicable)	. Commi	hittee to Elect Alisa Klein
City Coun	cillor Ward 7	Julia Ch	Committee Name
	Office Sought and District	1   =====	Name of Committee Treasurer
18 Chestr	nut Ave Leeds, MA 01052	18 Ches	estnut Ave Leeds, MA 01052
E-mail:	Residential Address	l	Committee Mailing Address
Phone # (op	alisaklein@yahoo.com	E-mail: _	jchevan@comcast.net
Trione # (op	uonat)	Phone # (	(optional):
	CULTURE	J L	
	SUMMARY BALANC	CE INFO	DRMATION:
	Line 1: Ending Balance from previous report		434.60
	Line 2: Total receipts this period (page 3, line 11)	)	1.50
	Line 3: Subtotal (line 1 plus line 2)		436.10
	Line 4: Total expenditures this period (page 5, lin	ie 14)	0
	Line 5: Ending Balance (line 3 minus line 4)		436.10
İ	Line 6: Total in-kind contributions this period (pa	ge 6)	0
	Line 7: Total (all) outstanding liabilities (page 7)		0
	Line 8: Name of bank(s) used: Florence Savings Bank	(	
I certify that I activity, inclu finance activit Signed under	Committee Treasurer: have examined this report including attached schedules and it is, to the best ding all contributions, loans, receipts, expenditures, disbursements, in-kind city of all persons acting under the authority or on behalf of this committee in a the penalties of perjury:	eontributions a accordance wi	and liabilities for this reporting against and a second at the second
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	conly)	
I certify to activity, of incurred a	te with Committee and no activity independent of the committee hat I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in accompliabilities nor made any expenditures on my behalf during this reporting	period.	i the requirements of M.G.L. c. 55. I have not received any contributions,
finance ac	te without Committee OR Candidate with independent activity filing sep hat I have examined this report including attached schedules and it is, to the l ctivity, including contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this	best of my kno	nowledge and belief, a true and complete statement of all campaign ributions and liabilities for this reporting period and represents the n accordance with the requirements of M.G.L. c. 55.
Signed under	the penalties of perjury: (Lisa + , Lo	السيرا	(Candidate's signature) Date: 10/25/2017

(Candidate's signature)

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to ort all receipts. Please include your committee name and a page number of

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
		\$ P		
9: Total Receipts over	\$50 (or listed above)	0		
10: Total Receipts \$50	and under* (not listed above)	1.50		
11: TOTAL RECEIP	TS IN THE DEDICED	1.50		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			The state of the s
0.77			
	over \$50 (or listed above)		
10: Total Receipts:	\$50 and under* (not listed above)		
11: TOTAL REC	EIPTS IN THE PERIOD	<b>←</b>	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to ort all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			r ar pose of Expenditure	Amount
		]{]		
				<u> </u>
	i			
		[]		
	İ	1 (1)		
		Line 12: To the		
		Line 12: Total Expenditures over	\$50 (or listed above)	
		Line 13: Total Expenditures \$50 a	nd under* (not listed above)	
	ľ			0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITUI	RES IN THE DEDICE	_

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				100	
		Line 12: Expenditures over \$50	(or listed above)		
		Line 13: Expenditures \$50 and ur			
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
If you have itemiz	red evnenditures of \$50 and under	include them in line 12. Line 12 che			

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Co. 19 11	
	Tron Whom Received	Residential Address	Description of Contribution	Value
				433
				the second
		Line 15: In-Kind Contributions of	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	0
	1	Line 17: TOTAL IN-KIND CO		
If an in 12 1	hution is received from a new			

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

te Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0